

**ARIZONA DEPARTMENT OF TRANSPORTATION  
SPECIAL EVENT PERMIT APPLICATION**

**2082 East Highway 70. Safford, Arizona 85546**

Application is made by the undersigned to enter upon the highway right-of-way for the following special event:

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(Organization)	(Address)	(City)	(State)	(Zip)
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on Highway(s) \_\_\_\_\_ in or near \_\_\_\_\_ on the following  
(Town)

date(s): \_\_\_\_\_ through \_\_\_\_\_ start time \_\_\_\_\_ end time \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Print or Type) (Required)

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

A Certificate of Insurance in the amount of \$1 million, naming the State and the Arizona Department of Transportation as additional insured as their interests may appear, is a requirement of this permit and is attached hereto and made part of the application. Such insurance shall be kept in force by the permittee for the term of the permit.

An exception of to \$1 million Certificate of Insurance requirement may be made for special events which are not intended to raise funds above the cost of the event.

The permittee shall indemnify, defend, and save harmless the State from any and all claims, demands, suits, actions, proceedings, loss, cost, and damages of every kind and description, including attorneys fees and/or litigation expenses, which may be brought or made against or incurred by the State on account of loss of or damage to any property or for injuries or death of any person caused by, arising out of, or contributed to, in whole or in part, by reasons of any act, omission, professional error, fault, mistake, or negligence of permittee, its employees, agents, or representatives, or subcontractors, their employees, agents, or representatives in connection with or incident to the performance of this agreement, or arising out of Workers Compensation claims, Unemployment Compensation claims, or Unemployment Disability Compensation claims of employees of permittee and/or its subcontractors or claims under similar such laws and obligations. Permittees obligation under this Section shall not extend to any liability caused by the sole negligence of the State of its employees.

THIS PERMIT IS SUBJECT TO REVIEW BY THE ARIZONA DEPARTMENT OF ADMINISTRATION,  
RISK MANAGEMENT DIVISION.

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**FOR DEPARTMENT USE ONLY;**

**PERMIT NO.** \_\_\_\_\_

**THIS PERMIT EXPIRES** \_\_\_\_\_  
(Date)

This application is approved with the following directions, requirements, specifications, restrictions: \_\_\_\_\_

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

District Permit Supervisor

Authorized Signature

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